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Spotlight on Canadians: Results from the General Social Survey

Portrait of caregivers, 2012

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0^s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
^{p}	preliminary
^{r}	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
^{E}	use with caution
F	too unreliable to be published
*	significantly different from reference category ($p < 0.05$)

Portrait of caregivers, 2012: Highlights

- At some point in their lives, nearly half (46%) of Canadians aged 15 and older, or 13 million Canadians, have provided care to a family member or friend with a long-term health condition, disability or aging needs.

- Over the past year, more than one-quarter (28%) provided this type of care. Levels of caregiving varied regionally, with residents of Ontario (29%), Nova Scotia (31%), Manitoba (33%) and Saskatchewan (34%) being more likely to care for an ill family member or friend. Only one province – Quebec – reported rates of caregiving below the national average (25% versus 28%).

- Age-related needs were identified as the single most common problem requiring help from caregivers (28%). This was followed by cancer (11%), cardio-vascular disease (9%), mental illness (7%), and Alzheimer's disease and dementia (6%).

- Contrasting the overall picture, cancer was the leading reason behind spousal caregiving (17%), while problems with mental health, such as depression, bipolar disorder and schizophrenia, were the most common reasons for parents caring for a sick child (23%).

- Most often, parents were the recipients of caregiving activities. About half (48%) of caregivers reported caring for their own parents or parents in-law over the past year.

- Adult children were almost four times more likely to report caring for a parent than a parent-in-law, and 2.5 times more likely to report caring for their own mother than father. Other recipients of care included friends or neighbours (16%), grandparents (13%), siblings and extended family members (10%), spouses (8%) and sons or daughters (5%).

- Overall, caregivers spent a median of 3 hours a week caring for an ill or disabled family member or friend. While spouses and children were among the least common care receivers, caregivers spent the greatest number of hours per week caring for these family members (median of 14 hours for spouses and 10 hours for children).

- Caregivers perform a range of tasks in caring for their family member or friend, with providing transportation being the most commonly reported (73%). Other tasks included housework (51%), house maintenance and outdoor work (45%), scheduling and coordinating appointments (31%), managing finances (27%), helping with medical treatments (23%) and providing personal care (22%).

- Women represented the slight majority of caregivers in Canada at 54%. They were also more likely to spend more time per week on caregiving activities than did male caregivers.

- Caregivers reported having multiple responsibilities. In 2012, 60% were working at a paid job or business and 28% had children under the age of 18. Despite these competing demands, 73% of employed caregivers were satisfied with their current balance between work and home life, with one in ten saying they were dissatisfied.

Portrait of caregivers, 2012

By Maire Sinha

Caregiving by family and friends is often integral to maintaining the health and well-being of Canadians living with chronic health conditions, disabilities or aging needs. Such support systems reduce the demands and costs on health care and social systems,[1] and often allow care receivers to remain in their homes rather than living in an institutionalized setting. The role of caregivers, such as family members and friends, has become increasingly important, particularly with the changing age structure of Canadian society. Longer life expectancies and the transition of baby boomers into their senior years have meant that more Canadians may require assistance and care related to aging, now and into the future.

Taking on the responsibility of a family or friend caregiver often means balancing other competing demands of life, such as working at a paid job, raising children and maintaining healthy interpersonal relationships. Recently, policies and programs have been introduced with the aim to assist individuals providing care to families, whether it is care to senior parents, to children with disabilities, to spouses with a long-term illness or other family members. Caregivers themselves may need assistance to facilitate and maintain their caregiving role, as providing such care can have a myriad of financial, physical and emotional impacts.

Using data from the 2012 General Social Survey (GSS) on Caregiving and Care Receiving, this article profiles caregivers in Canada, defined as those aged 15 years and older providing help or care within the past 12 months to either: 1) someone with a long-term health condition or a physical or mental disability, or 2) someone with problems related to aging.[2] This article presents the number of caregivers and their characteristics, along with the types of help provided, the number of hours of care, the impacts of providing care, and financial support for caregivers.[3]

Over 8 million Canadians provide care to a chronically ill or disabled friend or loved one

According to the 2012 GSS, at some point in their lives, nearly half of Canadians aged 15 years and older (46%) or 13 million Canadians had provided some type of care to a family member or friend with a long-term health condition, disability or aging needs. For many, caregiving had also been a reality within the preceding year. Over one-quarter (28%), or an estimated 8.1 million Canadians aged 15 years and older provided care to a chronically ill, disabled, or aging family member or friend in the 12 months preceding the survey. Providing care included, among other activities, driving someone to an appointment, preparing meals, helping with bathing and dressing, or administering medical treatments.

While the majority of caregivers (57%) reported providing care to one person during the past 12 months, assisting more than one care receiver was not uncommon. In particular, 27% of caregivers reported caring for two and 15% for three or more family members or friends with a long-term illness, disability or aging needs.

Textbox 1
Canadians providing care to a terminally ill family member or friend

Over one-quarter (28%) of caregivers, at some point their lives, provided care to someone who was terminally ill, and about one out of every 13 caregivers have provided this type of care in the last year. Most often, caregivers providing end-of-life care were caring for their terminally ill parents (41%).

Implemented in 2004, 'Compassionate Care leave' can be taken, for up to eight weeks, by a person who has to be absent from work to provide care or support to a gravely ill family member or friend at risk of dying within 26 weeks. Overall, 12% of caregivers who provided end of life care have ever taken this type of leave to provide assistance to a terminally ill family member or friend, and 2% did so in the last 12 months.

1. Canadian Institute for Health Information.2010. *Supporting Informal Caregivers – The Heart of Home Care*. Ottawa: Canadian Institute for Health Information.
2. Not included are caregiving activities for an acute or short-term illness, such as caring for a family member with the seasonal flu.
3. Unless otherwise noted, all stated differences are statistically significant.

Most caregivers provide care to parents

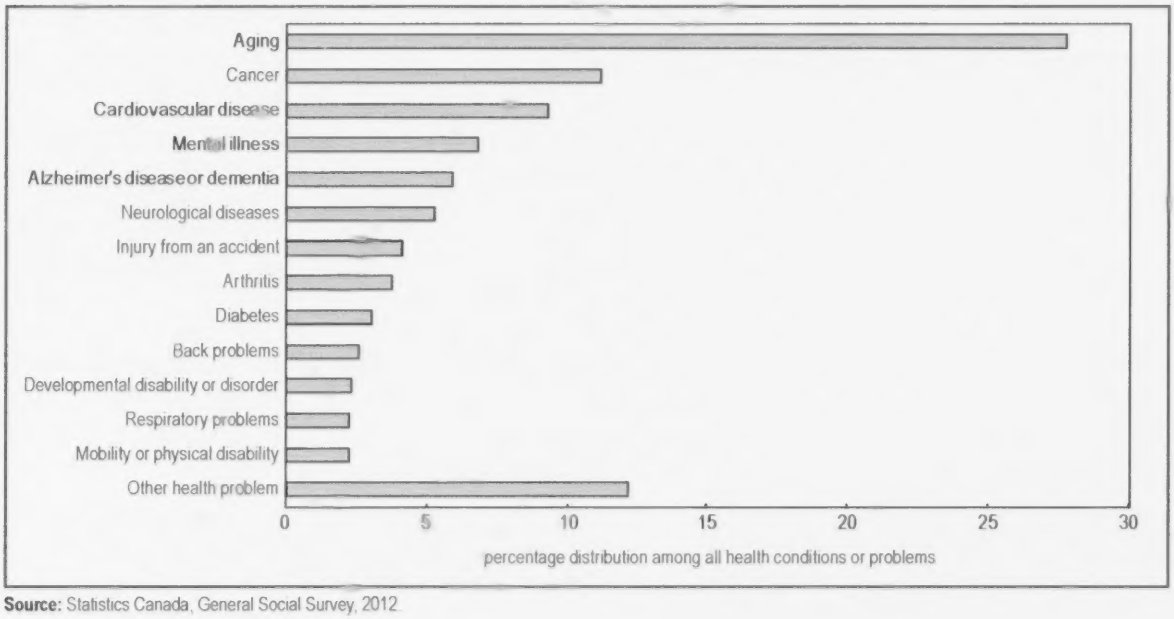
Providing care most often involved helping parents. In particular, about half (48%) of caregivers reported caring for their own parents or parents in-law over the past year (Table 1). Adult children were almost four times more likely to report caring for a parent than a parent-in-law, and 2.5 times more likely to report caring for their own mother than father. The latter perhaps reflects the fact that senior women often outlive their spouses, and must then rely on their children for support with aging or health problems.

Caregiving was not limited to helping family members, as the second most common category of care-recipients were close friends, colleagues or neighbours at 16%. Next, grandparents represented 13% of care-recipients, while siblings and extended family members accounted for 10%, spouses for 8% and sons or daughters for 5%.[4] In many cases, caring for a son or daughter often meant providing assistance into adulthood, as six in ten (62%) of these caregivers indicated that their chronically ill or disabled child was over the age of 17.

Age-related needs and cancer most common conditions requiring help from caregivers

In 2012, age-related needs were identified as the single most common problem requiring help from caregivers (28%) (Chart 1). This was followed by cancer (11%), cardio-vascular disease (9%), mental illness (7%), and Alzheimer's disease and dementia (6%). However, the overall picture differed somewhat for caregivers of spouses and children. Cancer was the leading reason behind spousal caregiving (17%), while problems with mental health, such as depression, bipolar disorder and schizophrenia, were the most common reasons for parents caring for a sick child (23%).

Chart 1
Over a quarter of caregivers provided care for age-related needs



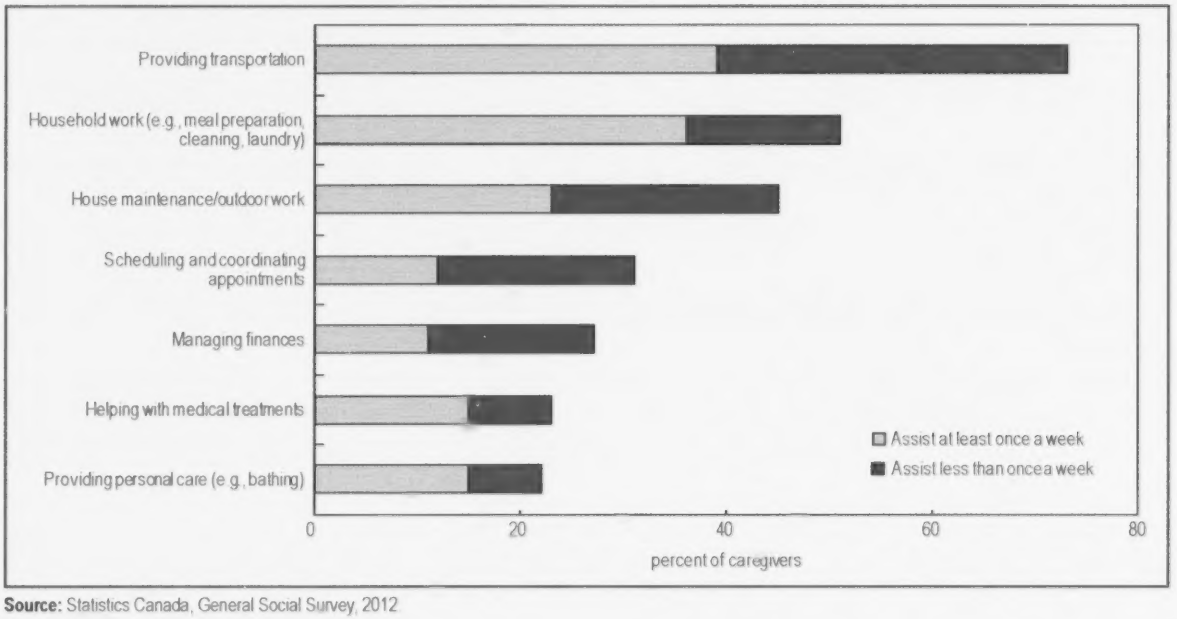
Source: Statistics Canada, General Social Survey, 2012.

4. It is important to note that the proportion of caregivers providing support to spouses and children may be somewhat low, as a result of possible underreporting by caregivers (Cranswick and Dosman 2008). Spouses or parents may not view tasks as "caregiving" activities, but rather view the caregiving duties as an extension of their role as a spouse or parent.

Providing transportation and meal preparation among the most common caregiving tasks

Caregiving can include a wide array of helping activities, varying in levels of intensity and degree of physical and emotional demands on the caregiver. The majority of caregivers reported providing transportation to their primary care receiver, making it the most frequent type of care provided in the last 12 months (73%) (Chart 2). This involved transporting ill or disabled care recipients to run errands, shop, attend medical appointments or participate in social events.

Chart 2
Providing transportation most common caregiving task



Source: Statistics Canada, General Social Survey, 2012

In addition, about half of caregivers (52%) reported that they performed tasks inside the care recipients' home in the last 12 months, such as preparing meals, cleaning, and laundry. Another 45% reported providing assistance with house maintenance or outdoor work.

The most common types of care were not always the ones most likely to be performed on a regular basis (i.e., at least once a week). For instance, despite the fact that personal care and providing medical assistance were the least common forms of care, when they were performed, these tasks were most likely to be done more regularly. Two-thirds (66%) of caregivers providing personal care did so at least once a week, as did 63% of caregivers helping with medical treatments. Furthermore, these tasks were more often done on a daily basis, with nearly one-third of caregivers providing daily personal or medical care. In comparison, half of caregivers helping with house maintenance and outdoor work reported doing these tasks on a weekly basis, with only 12% performing them daily.

Caregiving generally was not limited to one specific task or activity. Over six in ten (63%) caregivers helped their family or friends on a regular basis and most who did so, helped with a variety of tasks. More specifically, 71% of caregivers providing regular assistance helped with two or more tasks.

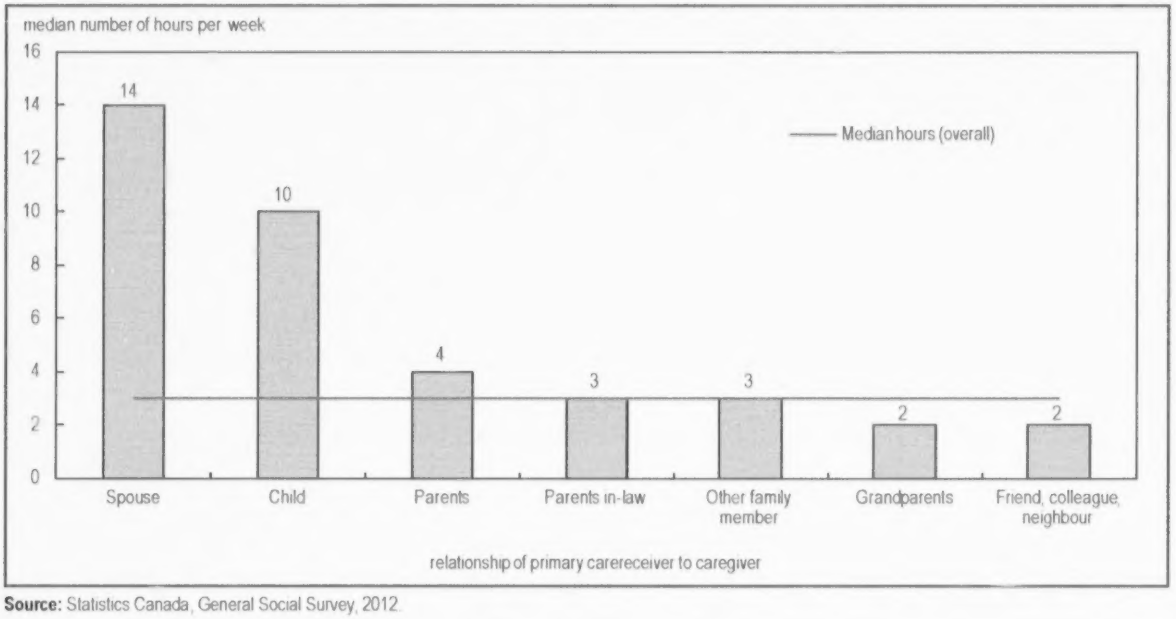
Emotional support often accompanied other help to the care receiver. Nearly nine in ten caregivers (88%) reported spending time with the person, talking with and listening to them, cheering them up or providing some other form of emotional support. Virtually all caregivers (96%) ensured that the ill or disabled family member or friend was okay, either by visiting or calling.

Most caregivers spend under 10 hours a week on caregiving activities

Along with the regularity of specific caregiving activities, the intensity of caregiving can be measured by examining the number of hours per week spent on caregiving activities. Overall, caregivers spent a median of 3 hours a week caring for an ill or disabled family member or friend. This climbed to a median of 10 hours per week for caregivers assisting a child and 14 hours for those providing care to an ill spouse (Chart 3). The lowest number of weekly hours involved those caring for grandparents and friends at 2 hours per week.

Most often, caregivers spent under 10 hours a week on caregiving duties. In particular, one-quarter of caregivers (26%) reported spending one hour or less per week caring for a family member or friend. Another 32% reported spending an average of 2 to 4 hours per week and 16% spent 5 to 9 hours per week on caregiving activities.

Chart 3
Median weekly caregiving hours longest when caring for a spouse or child



Source: Statistics Canada, General Social Survey, 2012.

One in ten caregivers spend 30 or more hours of care a week

For some, caregiving was a large part of their life - equivalent to a full time job. Approximately one in ten caregivers were spending 30 or more hours a week providing some form of assistance to their ill family member or friend. These caregivers were most likely caring for an ill spouse (31%) or child (29%).[5]

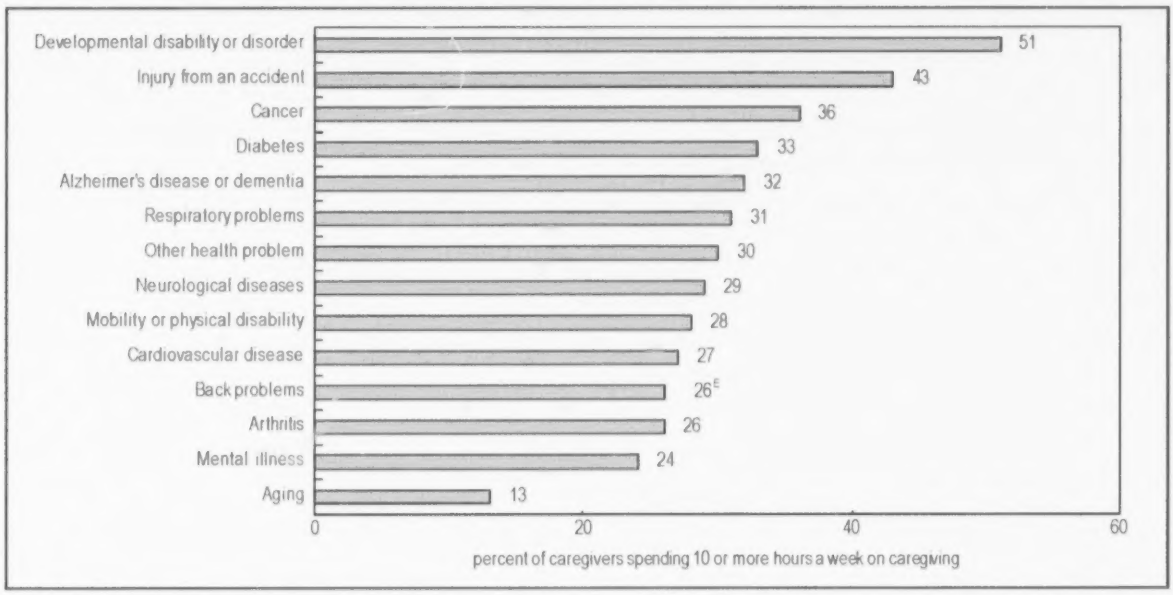
The actual time spent performing tasks is often combined with time needed to travel to provide care. Approximately three-quarters (73%) of caregivers indicated that they did not live in the same household or building as their care receiver, meaning they often had to travel to reach the care recipients' home. Just over half (52%), however, reported having to travel less than 30 minutes by car. Roughly 12% of caregivers provided help to a family member who lived at least one hour away by car.

Caring for those with developmental disabilities takes most time

Certain health conditions required more hours of care. This was the case for developmental disabilities or disorders, where 51% of these caregivers were spending at least 10 hours a week providing help. In most cases, the care recipients were the caregivers' own children. The next conditions requiring at least 10 hours of care a week involved accident-related injuries (43%) and cancer (36%) (Chart 4).

5. While relatively rare, 2% of caregivers reported providing care 24 hours a day, seven days a week. This climbed to 6% for those caring for a spouse or child.

Chart 4
Developmental disabilities or disorders require the most hours of care from family and friends



E use with caution
Source: Statistics Canada, General Social Survey, 2012

While aging was the top reason for providing care, it rarely required 10 or more hours of commitment on the part of the caregiver. In particular, only 13% of caregivers providing care for aging problems reported spending 10 or more hours a week on helping activities for their care receiver.

Most caregivers provide care for a year or more

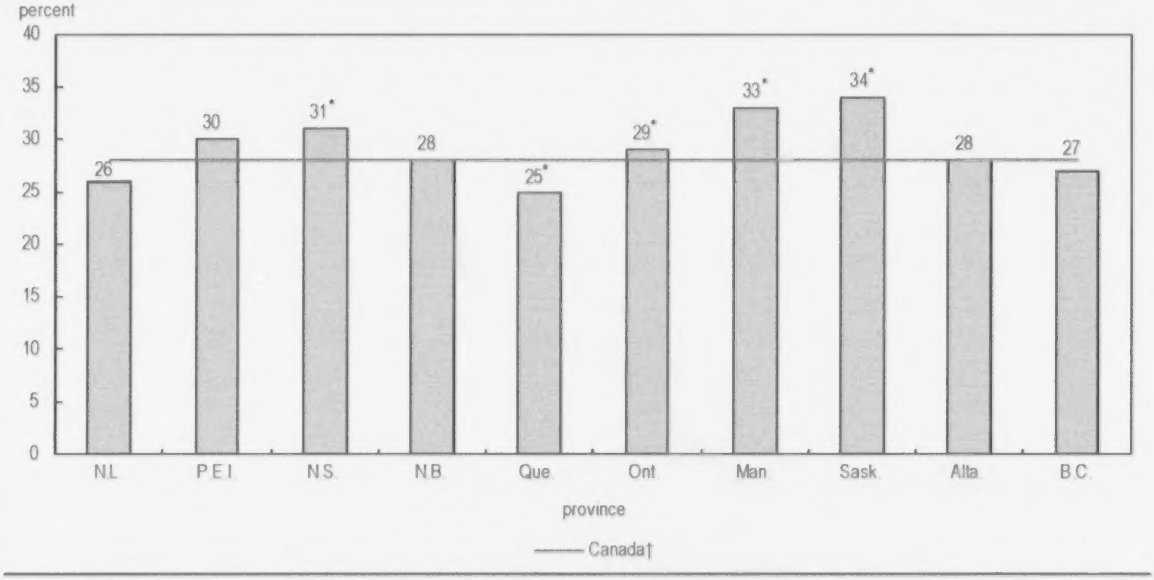
Caring for an ill or disabled family member or friend can span months or years. For the vast majority of caregivers (89%), their caregiving activities had been going on at least one year or longer, with half reporting they had been caring for a loved one for four years or more. Longer-term caregivers (four years or more) differed from caregivers of less than one year. They were more likely caring for an aging friend or family member, while short-term caregivers were most commonly providing help to a cancer patient.

Textbox 2
Regional variations in caregiving

The prevalence of family and friend caregivers varies somewhat across Canada. Four provinces had rates above the national average of 28%, including Ontario (29%), Nova Scotia (31%), Manitoba (33%) and Saskatchewan (34%) (Textbox Chart 1). The higher levels of caregiving in Ontario, Nova Scotia and Manitoba were largely related to caring for a loved one suffering from a chronic health condition or disability, whereas in Saskatchewan, the higher level of caregiving was attributed to aging needs.

Quebec was the only province to have fewer caregivers than Canada overall, with 25% of Quebecers indicating that they had provided care to an ill, disabled or aging family member or friend in the past 12 months. The lower prevalence of caregiving in Quebec was true regardless of whether the primary health receiver was coping with aging needs or a chronic health condition or disability.

Textbox Chart 1
Percentage of Canadians providing care, by province, 2012



† reference category
* significantly different from reference category ($p < 0.05$)
Source: Statistics Canada, General Social Survey, 2012.

Levels of caregiving were similar among the census metropolitan areas (CMAs), though people living in the largest metropolitan areas were less likely to report providing care over the past 12 months. In particular, people in Toronto, Vancouver and Montreal reported levels of caregiving below the national average (Textbox Chart 2). This may not be unexpected, as these cities are often characterized by a high number of residents who live apart from their families, as may be the case with new immigrants and those who have moved away from their families to seek employment.

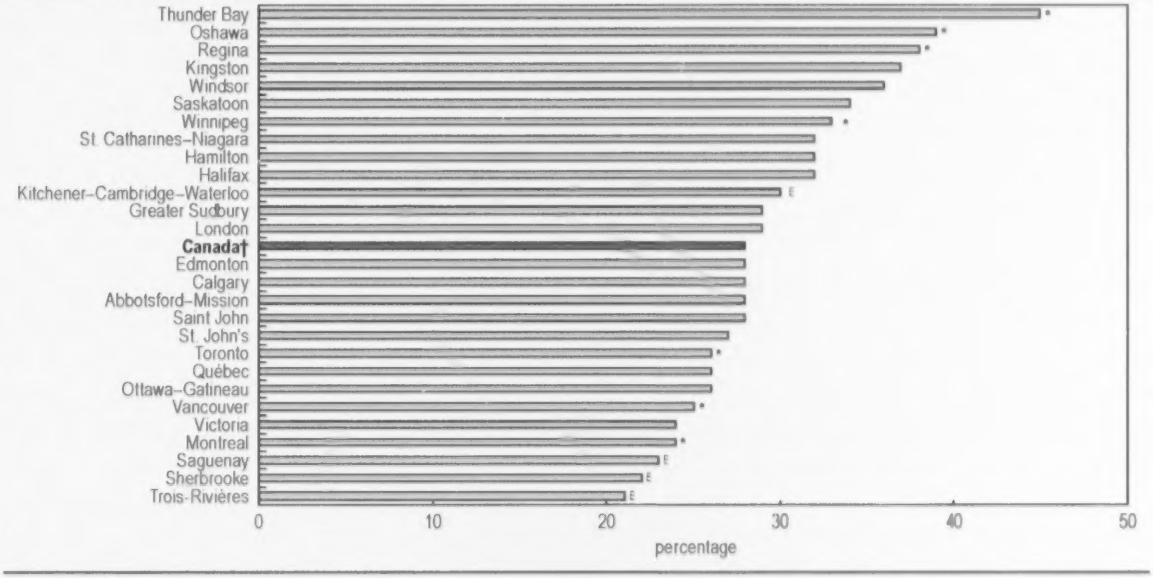
Individuals living in Thunder Bay, Oshawa, Regina and Winnipeg were more likely than those in other CMAs to provide care to a family member or friend, most often those suffering from a chronic health issue or disability, rather than problems related to aging.

Those living outside of CMAs were slightly more likely than those living in large urban centres to care for a chronically ill or disabled family member or friend (30% versus 27%).They were also more likely to spend 20 or more hours a week on caregiving (16% versus 13%).

Caregivers in non-CMAs were also more likely than those living in a CMA to travel one or more hours to provide care (14% versus 11%), and less likely to live in the same home or building (25% versus 28%). One explanation for the greater levels and intensity of care in rural areas, towns and smaller cities may relate to the available resources for the chronically ill, disabled or elderly, which may be fewer in remote communities.

Textbox 2
Regional variations in caregiving (continued)

Textbox Chart 2
Percentage of Canadians providing care, by census metropolitan area, 2012



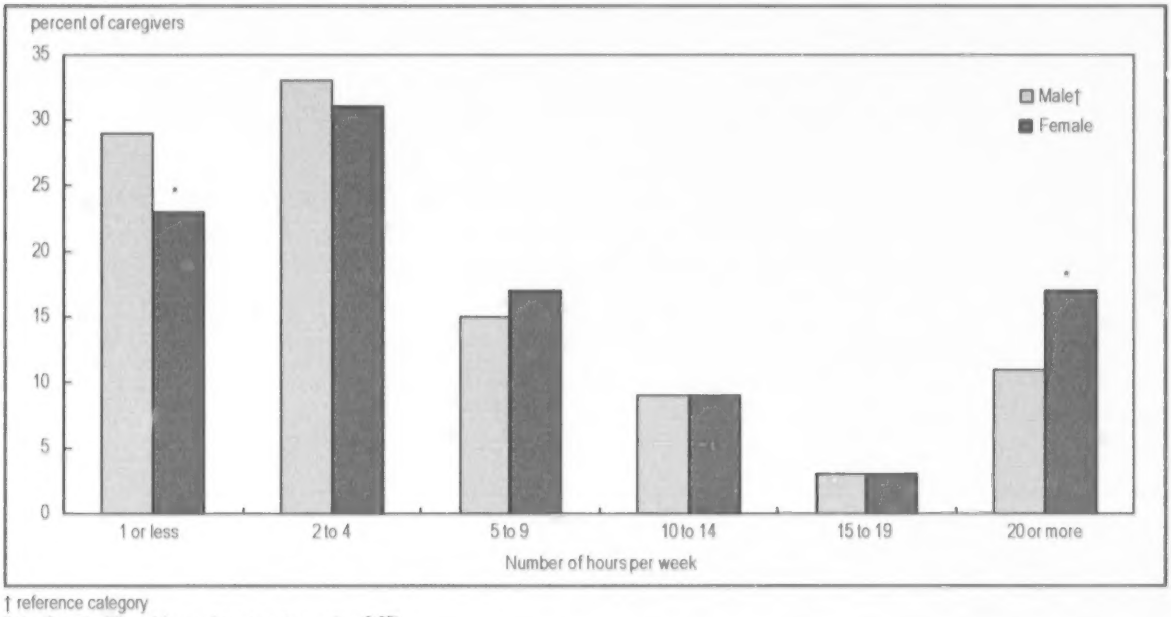
E use with caution
† reference category
* significantly different from reference category ($p < 0.05$)
Source: Statistics Canada, General Social Survey, 2012

Women more likely than men to provide care

Historically, caregivers have been disproportionally women (Cranswick and Dosman 2008). This was also true in 2012, when an estimated 54% of caregivers were women. Although the median number of caregiving hours was similar between men and women (3 and 4 hours per week, respectively), women were more likely than their male counterparts to spend 20 or more hours per week on caregiving tasks (17% versus 11%). Meanwhile, men were more likely than women to spend less than one hour per week providing care (29% versus 23%) (Chart 5).

The increased intensity of caregiving among women may be partly related to the type of tasks commonly performed by them. Women tend to provide care for activities that must be completed on a regular or set schedule. For instance, they were twice as likely as their male counterparts to provide personal care to the primary care receiver, including bathing and dressing (29% versus 13%).

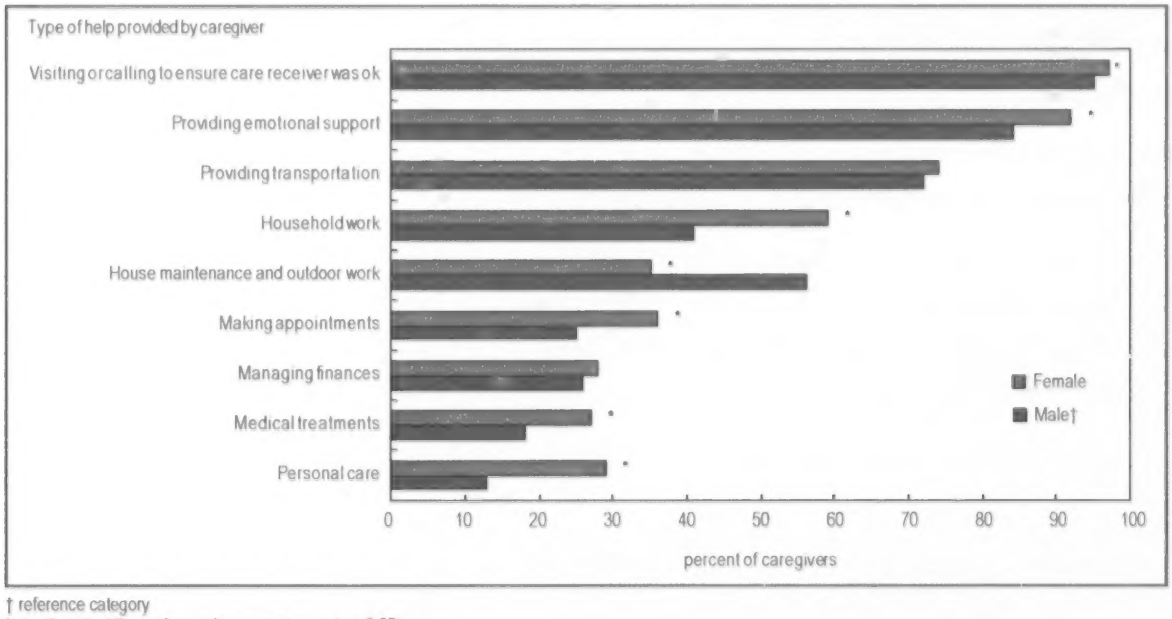
Chart 5
Women spend more hours than men caregiving



† reference category
* significantly different from reference category ($p < 0.05$)
Source: Statistics Canada, General Social Survey, 2012

Women were also substantially more likely to assist with medical treatments (27% versus 18%) and housework, such as preparing meals (59% and 41%) (Chart 6). On the other hand, house maintenance or outdoor work, which can usually wait until the care provider has the time to do them, was more often performed by men (56% versus 35%).

Chart 6
Women more likely to help with personal care; men with house maintenance



† reference category
* significantly different from reference category ($p < 0.05$)
Source: Statistics Canada, General Social Survey, 2012

Caregivers most often between the ages of 45 and 64

Reflecting the fact that the most common care recipients were parents, caregivers were most often between the ages of 45 to 54 years (24%) and 55 to 64 years (20%) (Table 1). The next most common group comprised young Canadians aged 15 to 24 years, accounting for 15% of all caregivers. This group was most likely providing care to grandparents (48%) and parents (25%).

Seniors aged 65 years and older were the least common group of caregivers, but they were most likely to spend the longest hours providing care (Table 2). In particular, 23% of senior caregivers provided 20 or more hours of care per week, compared to 10% of those aged 15 to 24, 13% of those aged 45 to 54, and 17% of those aged 55 to 64. The longest hours of care among senior caregivers may be partly explained by seniors' higher likelihood of caring for a spouse, who typically requires greater time commitment on the part of the caregiver. Perhaps more so than other caregivers, seniors providing care may themselves have unique needs, given their advanced age. As a result, caregiving may have more pronounced impacts on their lives than on those of younger caregivers.

Over one-quarter of caregivers sandwiched between caregiving and childrearing

Caregivers have multiple responsibilities beyond caring for their chronically ill, disabled or aging family member or friend. In 2012, 28% of caregivers could be considered "sandwiched" between caregiving and childrearing, having at least one child under 18 years living at home (Table 1). In the majority of these cases (82%), caregivers were raising children under the age of 15: 31% had children 4 and under, 38% had children aged 5 to 9, and 42% had children aged 10 to 14.

Balancing the demands of caregiving and raising children most often affected women (54%), those between the ages of 35 and 44 (37%), and those helping their parent or parents in-law (55%). Despite the dual role, caregivers with children reported similar hours of caregiving as those without children, with the exception of the longest hours of care. Caregivers with children were slightly less likely than other caregivers to spend 20 hours or more on caregiving activities (12% versus 15%) (Table 2).

Textbox 3
Trends in caregiving among caregivers aged 45 years and older

The aging of the population, higher life expectancies and the shift in emphasis from institutionalized care to home care may suggest that more chronically ill, disabled and frail people are relying on help from family and friends than in the past. Using the GSS, it is possible to examine the changes in the number of caregivers aged 45 years and older, recognizing that methodological differences between survey cycles warrant caution when interpreting any results.

One of most notable methodological changes between 2007 and 2012 relates to the age of caregivers included in the survey: 45 years and older in 2007 versus 15 years and older in 2012. Consequently, trend analysis must be restricted to caregivers aged 45 and older. Second, the wording of the questions on caregiving was modified between the two cycles, a change that may have impacted the number of people identifying themselves as caregivers.

Bearing in mind these caveats, results from the GSS show that between 2007 and 2012, the number of caregivers aged 45 and over increased by 760,000 to 4.5 million caregivers, representing a 20% increase in the number of caregivers over the five years.

The amount of time caregivers aged 45 and over devoted to their caregiving responsibilities did not change from 2007 to 2012. In both years, caregivers spent a median of 3 hours per week providing care for their family member or friend.

The more time spent on caregiving, the less left for children and spouses

Having less time with children was an often cited outcome of providing care to a chronically ill, disabled, or aging family member or friend. About half (49%) of caregivers with children under 18 indicated that their caregiving responsibilities caused them to reduce the amount of time spent with their children.[6] This feeling was magnified among those spending the greatest number of hours per week on their caregiving responsibilities. For example, six in ten (60%) caregivers spending 20 or more hours a week on caregiving felt they were unable to spend as much time with their children as they would have liked, compared to 42% of those spending 2 to 4 hours per week.

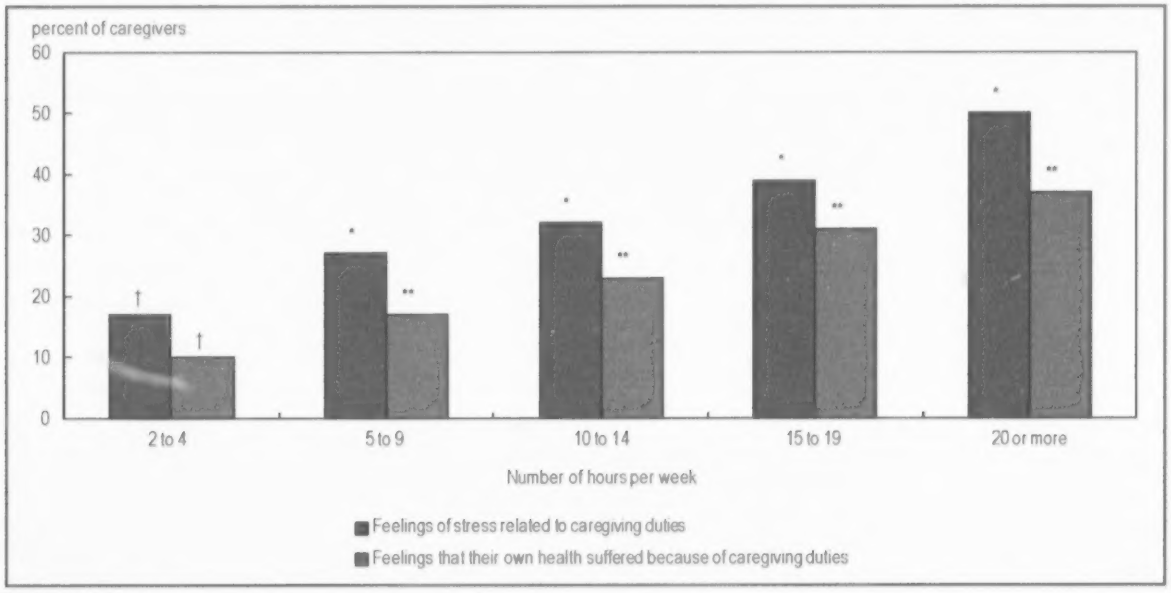
Time spent on caregiving also meant less time spent with spouses. Of the 65% of caregivers who were married or in a common-law union, about half reported spending less time with their spouse as a result of their caregiving responsibilities. A loss in family time often accompanied a reduction in time spent with friends (46%), on social activities (51%), and relaxing or taking care of oneself (54%).

Despite coping well with caregiving responsibilities, caregivers report often feeling worried or anxious

Overall, the vast majority of caregivers (95%) indicated that they were effectively coping with their caregiving responsibilities, with only 5% reporting that they were not coping well.[7] However, the feeling of being unable to cope grew with a greater number of hours of care. By the time caregivers were spending 20 or more hours per week on caregiving tasks, one in ten (10%) were not coping well.

In addition, while most were able to effectively manage their caregiving responsibilities, 28% found providing care somewhat or very stressful and 19% of caregivers indicated that their physical and emotional health suffered in the last 12 months as a result of their caregiving responsibilities. In both cases, these consequences were magnified with the intensity of care– the number of hours per week (Chart 7).

Chart 7
The more hours of care they provide, the higher levels of stress and worse health caregivers report



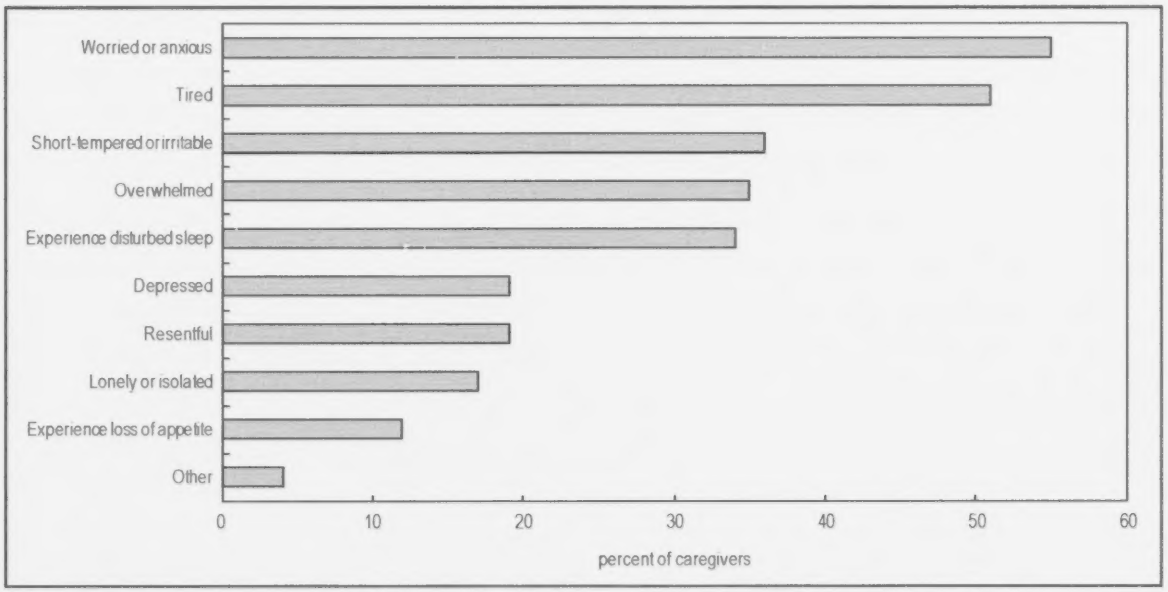
† reference category
* significantly different from reference category - feelings of stress for 2-4 hours of caregiving per week ($p < 0.05$)
** significantly different from reference category - feelings health suffered for 2-4 hours of caregiving per week ($p < 0.05$)
Note: Questions on the impact of caregiving responsibilities were only asked of those caregivers providing care for 2 or more hours per week.
Source: Statistics Canada, General Social Survey, 2012.

6. Questions on the impact of caregiving on the life of the caregiver were only asked of those providing care for 2 or more hours per week.
7. Questions on the impact of caregiving on the life of the caregiver were only asked of those providing care for 2 or more hours per week.

The health consequences of caregiving were even more pronounced when caregivers were asked specific questions on their health symptoms. Over half (55%) of caregivers felt worried or anxious as a result of their caregiving responsibilities, while about half (51%) felt tired during the past 12 months (Chart 8). Other common symptoms associated with providing care included feeling short-tempered or irritable (36%), feeling overwhelmed (35%) and having a disturbed sleep (34%).[8]

In the end, roughly nine in ten caregivers (92%) felt that the experience of providing care was rewarding, with more than one-third (37%) indicating that the caregiving experience had been very rewarding. Furthermore, 70% expressed that their relationship with the care receiver had strengthened over the course of last 12 months.

Chart 8
Caregiving duties caused more than half of caregivers to feel tired, worried or anxious



Note: Questions on the impact of caregiving responsibilities were only asked of those caregivers providing care for 2 or more hours per week.
Source: Statistics Canada, General Social Survey, 2012.

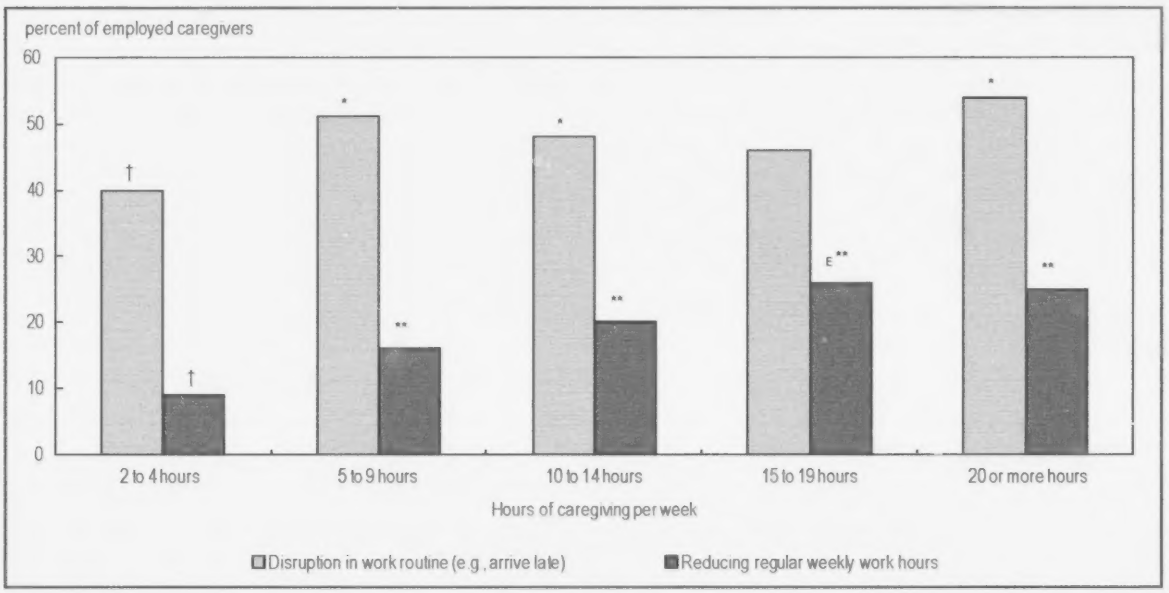
Caregiving can sometimes impact paid work

In addition to family obligations and personal commitments, the majority (60%) of caregivers were also juggling the demands of paid work. This was true for 81% of caregivers with children[9] and 51% without children, both of which were higher than the corresponding proportions of non-caregivers (77% and 45%). The higher participation in the paid workforce among those with children primarily reflects their younger age profile compared to other caregivers (median age of 41 years versus 52 years).

At times, providing care resulted in disruptions to normal work routines. About four in ten employed caregivers (43%) indicated that they arrived to work late, had to leave early, or take time off during the day to care for their ill family member or friend.[10] This figure increased to 54% for those providing 20 or more hours of caregiving per week (Chart 9).

8. For more detail on the health consequences of caregiving, see Turcotte, M. 2013. 'Family caregiving: What are the consequences?' *Insights on Canadian Society*, Catalogue no. 75-006-X, September.
9. Refers to children under 18 living at home.
10. Includes caregivers whose main activity was working at a paid job or business. Questions on the impact of caregiving responsibilities on employment were only asked of those caregivers providing care for 2 or more hours per week.

Chart 9
Longer hours of caregiving increases impacts on paid employment



E use with caution
† reference category
* significantly different from reference category - disruption in work routine for 2-4 hours of caregiving per week ($p < 0.05$)
** significantly different from reference category - reducing regular weekly work hours for 2-4 hours of caregiving per week ($p < 0.05$)
Note: Includes caregivers whose main activity was working at a paid job or business. Questions on the impact of caregiving responsibilities on employment were only asked of those caregivers providing care for 2 or more hours per week.
Source: Statistics Canada, General Social Survey, 2012.

Other consequences on employment were more long-term, possibly impacting the caregiver's career and/or benefits. An estimated 15% of employed caregivers reported cutting down on their regular weekly hours of work to accommodate the caregiving needs of family and friends. This became a greater reality with increased intensity of caregiving activities (Chart 9). For instance, about one-quarter of caregivers providing help for more than 15 hours had to reduce their regular paid work hours. The need to reduce hours, however, did not differ between those providing 15 to 19 hours of caregiving, compared to those providing more hours of care.

A reduction in paid work hours can have consequences on both employee benefits and household income. Among employed caregivers who reduced their hours of work, 14%[E] reported losing some or all of their benefits, such as extended health benefits, dental benefits, employer-provided pension, life insurance, and prescription drug plans. While reduced hours can also impact pay, the largest proportion of caregivers (31%) reported a household income of $100,000 or more, followed by an income of $60,000 to $99,999 (22%). In fact, caregivers were more likely than non-caregivers to report an income of $60,000 or more.

Closely related to income is career advancement. In 2012, 10% of employed caregivers turned down or did not even pursue a new job or promotion because of their caregiving responsibilities. Again, the more intense the caregiving responsibilities, the higher the likelihood of the caregiver postponing or forgoing career opportunities. Four in ten caregivers sought a less demanding job because of their caregiving duties.

Most employed caregivers satisfied with their work-life balance

The GSS asked employed caregivers on their satisfaction with their work-life balance. While most caregivers were satisfied with the current balance between their work and home life, they were less satisfied compared to those not providing help (73% versus 79%).[11] Furthermore, feelings of dissatisfaction with work-life balance, while relatively rare, were more often identified by caregivers than non-caregivers (10% versus 7%).

11. Includes all those whose main activity was working at a paid job or business.

It could be expected that employed caregivers spending more hours on caregiving responsibilities would have less time for other activities and would, in turn, be less likely to have a good work-life balance. However, few significant differences in work-life balance emerged based on the intensity of care. Only those spending 20 hours or more a week on caregiving duties were significantly less likely than those spending 2 to 4 hours to report having a good balance between home life and work (67% versus 75%).

Satisfaction with work-life balance did not vary based on the caregiver's relationship to the care recipient. That is, there were no significant differences in work-life balance between those caring for a child, spouse, parent, other family member or friend.

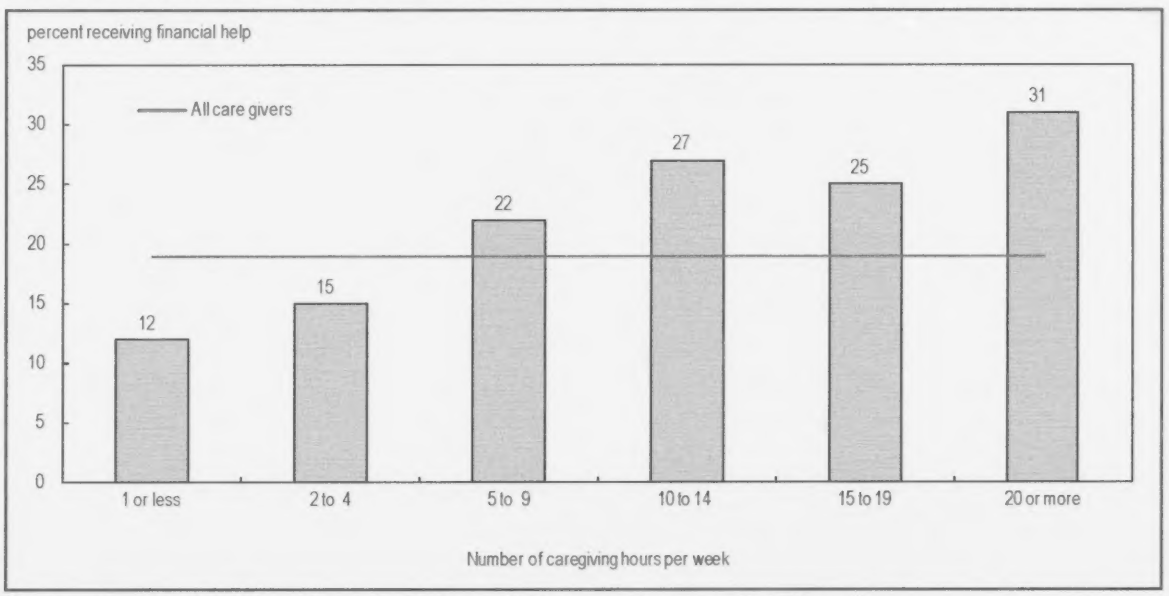
One in five caregivers receive financial help

The financial impacts related to caring for a loved one can be significant. Lost days at work may reduce household income, while out-of-pocket expenses, such as purchasing specialized aids or devices, transportation costs, and hiring professional help to assist with care, can be borne from caring for a loved one. In many cases, financial support, from either informal or formal sources, can ease the financial burden associated with caregiving responsibilities.

Overall, about one in five caregivers (19%) were receiving some form of financial support. The most common was help from family and friends, with 12% of caregivers indicating that they had received this type of financial assistance. In 2012, 7% of caregivers received help from a government program and 5% received federal tax credits, such as the caregiver tax credit, infirm dependant tax credit and medical expense tax credit (Table 3).

Two related factors increased the likelihood of financial support: the intensity of caregiving and the relationship of the caregiver to the recipient. Caregivers spending the greatest number of hours on caregiving tasks were more likely to receive financial support, from either informal or formal sources (Table 3). Almost one in three (31%) caregivers providing care 20 or more hours a week received financial assistance, compared to one in eight of those spending less than one hour per week (Chart 10).

Chart 10
Financial assistance increases with intensity of care



Note: Financial assistance includes financial support from family and/or friends, government programs and federal tax credits.
Source: Statistics Canada, General Social Survey, 2012.

Also, financial support for caregiving was highest for those providing care to their child (49%) and spouse (28%), both of which are connected to the increased intensity of care, as well as the eligibility requirements for some government programs. Most of the financial assistance came from government sources. For instance, 30% of caregivers of children received government program support and 16% had help from family or friends.[12]

On the other hand, some caregivers, particularly those spending the least amount of time caregiving, were more likely to receive financial help from informal sources. This was the case for Canadians caring for their grandparents. While 26% of these caregivers had financial help, it was almost entirely from family and friends, such as their own parents. Only 4%[E] received money from government programs.

Summary

More than one in four Canadians reported providing care to a family member or friend with a chronic illness, disability or aging needs over the past year. These caregivers were most often caring for a parent. Age–related needs and cancer were the most common reasons for providing care. Among the top activities performed by caregivers were providing transportation, doing housework and maintaining the house or outdoor work.

While most caregivers spent less than 10 hours a week on caregiving activities, those spending the greatest number of hours a week were most likely caring for a child or spouse suffering from chronic illnesses or disabilities. Health conditions, namely developmental disabilities, accident-related injuries and cancer, required the most intensive care on the part of family members or friends.

Despite the fact that caregivers are juggling multiple responsibilities, most indicated that they were effectively coping with their caregiving responsibilities. That said, feelings of worry, anxiety or tiredness affected at least half of caregivers.

Data source

This article is based on Cycle 26 of the General Social Survey (GSS) on "Caregiving and Care receiving". The objectives of this survey are to provide estimates of caregiving and care receiving in Canada, the characteristics of care receivers and caregivers, and the consequences of caregiving on the caregiver (e.g., impacts on physical health, emotional health, education, and employment).

Sampling

The target population included all persons 15 years and older living in the ten provinces of Canada, excluding full-time residents of institutions. In 2012, all respondents were interviewed by telephone. Households without telephones or with only cellular phone service were excluded. Based on the most recent Residential Telephone Services Survey, conducted in 2010, these two groups combined represented approximately 14% of the target population. This proportion may be higher for 2012 due to the likely increase in cellular-only households. Survey estimates were adjusted (weighted) to represent all persons in the target population, including those without telephones.

Once a household was contacted, an individual 15 years or older was randomly selected to respond to the survey. The sample size in 2012 was 23,093 respondents.

Data collection

Data collection took place from March 2012 to January 2013 inclusively. Computer assisted telephone interviewing (CATI) was used to collect data. Respondents were interviewed in the official language of their choice. Proxy interviews were permitted. These represented 4% of all interviews.

12. Percentages will not total the overall proportion of financial assistance (49%) because of multiple responses.

Response rates

The overall response rate was 65.7%. Types of non-response included respondents who refused to participate, could not be reached, or could not speak English or French. Survey estimates were weighted to represent the non-institutionalized Canadian population aged 15 years or over.

Data limitations

As with any household survey, there are some data limitations. The results are based on a sample and are therefore subject to sampling error. Somewhat different results might have been obtained if the entire population had been surveyed. This article uses the coefficient of variation (CV) as a measure of the sampling error. Any estimate that has a high CV (over 33.3%) has not been published because the estimate is too unreliable. In these cases, the symbol 'F' is used in place of an estimate in the figures and data tables. An estimate that has a CV between 16.6 and 33.3 should be used with caution and the symbol 'E' is referenced with the estimate. Where descriptive statistics and cross-tabular analysis were used, statistically significant differences were determined using 95% confidence intervals.

Using the 2012 GSS sample design and sample size, an estimate of a given proportion of the total population, expressed as a percentage is expected to be within 0.95 percentage points of the true proportion 19 times out of 20.

References

Canadian Institute for Health Information. 2010. *Supporting Informal Caregivers – The Heart of Home Care*. Ottawa: Canadian Institute for Health Information.

Cranswick, K and D. Dosman. 2008. "Eldercare: What we know today" *Canadian Social Trends*. Catalogue no.11-008-X, No. 86.

Turcotte, M. 2013. "Family caregiving: What are the consequences?" *Insights on Canadian Society*. Catalogue no. 75-006-X, September.

Data tables

Table 1
Number and proportion of caregivers, by characteristics of caregivers, 2012

	number	percentage of caregivers
Sex of caregiver		
Male†	3,716,645	46
Female	4,367,418	54*
Age group		
15 to 24 years†	1,250,536	15
25 to 34 years	1,157,651	14
35 to 44 years	1,143,473	14*
45 to 54 years	1,945,545	24*
55 to 64 years	1,620,403	20*
65 to 74 years	682,641	8*
75 years and older	283,814	4*
Marital status		
Married/common law†	5,281,078	65
Separated/divorced	495,356	6*
Single	2,045,530	25*
Widowed	250,794	3*
Caregivers with children under the age of 18		
Yes†	2,245,182	28
No	5,838,881	72*
Main activity in the last 12 months		
Working at a paid job or business†	4,813,007	60
Looking for paid work	182,415	2*
Going to school	962,512	12*
Caring, Household work	665,534	8*
Retired	1,257,633	16*
Other	195,522	2*
Household income		
Less than $20,000	347,440	4*
$20,000 to $39,999	796,250	10*
$40,000 to $59,999	948,730	12*
$60,000 to $99,999	1,761,059	22*
$100,000 or more†	2,544,779	31
Don't know/Not stated	1,685,804	21*
Relationship of caregiver to receiver		
Spouse	656,826	8*
Child of caregiver	426,862	5*
Parents of caregiver	3,856,255	48
Mother or father†	3,085,652	38
Mother or father-in law	770,603	10*
Grandparent of caregiver	1,022,150	13*
Other family member	775,469	10*
Friend, colleague, or neighbour	1,253,603	16*
Total	**8,084,063**	**100**

† reference category

* significantly different from reference category ($p < 0.05$)

Note: Responses of "don't know" and "not stated" are included in the total, but are not shown separately, with the exception of household income.

Source: Statistics Canada, General Social Survey, 2012.

Table 2
Number of caregiving hours per week, by characteristics of the caregiver, 2012

	Number of hours per week					
	1 hour or less	2 to 4	5 to 9	10 to 14	15 to 19	20 or more
	percentage					
Sex of caregiver						
Male†	29	33	15	9	3	11
Female	23*	31	17	9	3	17*
Age group						
15 to 24 years†	28	36	16	7[E]	2[E]	10
25 to 34 years	30	29	17	8[E]	4[E]	12
35 to 44 years	26	33	16	11*	2[E]	12
45 to 54 years	26	33	16	9	3	13
55 to 64 years	23	30*	16	10	4	17*
65 to 74 years	22*	30*	16	7	3[E]	22*
75 years and older	20*	28*	12	9[E]	3[E]	27*
Marital status						
Married/common-law†	27	32	16	9	3	13
Separated/divorced	18*	31	15	9	4[E]	22*
Widowed	22*	26*	15	6[E]	3[E]	28*
Single	25	33	17	9	3[E]	13
Caregivers with children under the age of 18						
Yes†	29	32	16	9	2[E]	12
No	25*	32	16	9	3	15*
Main activity in the last 12 months						
Working at a paid job or business/Looking for paid work†	27	32	17	10	3	11
Going to school	28	40*	16	6[E]*	F	8[E]*
Caring, household work	17*	23*	15	7[E]	4[E]	34*
Retired	22*	28*	16	8	4	21*
Other	28	32	13[E]	7[E]	F	13[E]
Relationship of caregiver to care recipient						
Spouse	10*	17*	13*	11	6[E]*	44*
Child of caregiver	10*	18*	14*	14	6[E]	37*
Mother or father of caregivers†	23	32	19	10	3	14
Mother or father-in law	26	38*	16	9[E]	3[E]	9[E]*
Grandparent of caregiver	39*	35	12*	7[E]	F	5[E]*
Other family member	26	32	19	9	3[E]	12
Friend, colleague, or neighbour	35*	37*	15	5*	2[E]	6*
Total	**26**	**32**	**16**	**9**	**3**	**14**

[E] use with caution

F too unreliable to be published

† reference category

* significantly different from reference category ($p < 0.05$)

Source: Statistics Canada, General Social Survey, 2012.

Table 3
Number of caregiving hours per week, by caregiver's informal and formal financial support, 2012

	Number of hours per week						
	1 hour or less	2 to 4	5 to 9	10 to 14	15 to 19	20 or more	Total
Caregiver's financial resources	percentage						
Financial support from family and/or friends							
Yes	9	11	15	15	16[E]	15	12
No	89	88	84	85	82	84	87
Government program							
Yes	3[E]	4	8	10[E]	10[E]	15	7
No	96	96	91	89	88	84	93
Federal tax credits							
Yes	2[E]	2	5[E]	7[E]	7[E]	11	5
No	96	96	92	89	91	86	93
Total financial support							
Yes	**12**	**15**	**22**	**27**	**25**	**31**	**19**
No	**86**	**84**	**76**	**72**	**72**	**67**	**79**

[E] use with caution

Note: Responses of "don't know" and "not stated" are included in the total, but are not shown separately. Percentages may not total 100% due to rounding.

Source: Statistics Canada, General Social Survey, 2012.